

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551,367

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4	3					
5	10					
6	10					
7	10					
8	10					
9	10					
10	10					
11	10					
12	10					
13	10					
14	10					
15	10					
16	10					
17	10					
18	10					
19	10					
20	1					
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50						
TOTAL IND.	2					
TOTAL DEP.	18					
TOTAL CLADCS	20					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLADCS						